

OUT OF STATE TRAVEL

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/1/2008)

See Instructions and *Privacy Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Lloyd Throne		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Community Services and Development	
POSITION Director		CB/ID NO.		DIVISION OR BUREAU Executive	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 700 North Tenth Street		INDEX NUMBER / PCA 0100/50010	
CITY		STATE		ZIP CODE	
Sacramento		CA		95811-0336	

(1) MONTH / YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
DATE	TIME			Breakfast	Lunch	O.T., LT, N/C, Rele. or Dinner		(A) Cost of Trans.	(B) Type Used	(C) Carfare, Tolls, Parking	(D) Private Car Use Miles Amount		
Mar-09	0600	Sac to Washington, DC	330.91	6.00	10.00	18.00		59.22	T/A			0.00	\$424.13
3/4	0600	Washington, DC	330.91	6.00	10.00	18.00	6.00					0.00	\$370.91
3/5	0600	Washington, DC	330.91	6.00	10.00	18.00	6.00					0.00	\$370.91
3/6	0600-2000	Washington, DC to Sac			10.00	18.00	6.00					0.00	\$34.00
3/6	0600-2000	Washington, DC to Sac						70.00	PC/T/A	60.00		0.00	\$130.00
									PC	30	16.50	0.00	16.50
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
(10) SUBTOTALS			992.73	18.00	40.00	72.00	18.00	129.22		60.00	0	16.50	1346.45
COLUMN CODE (ACCTG. USE ONLY)												0.00	\$1,329.95

CLAIM TOTAL

OUT OF STATE - F-5

\$ 1346.45

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3-3-09 - 3-6-09 - NCAF Conference - Washington D.C.

3-3-09 - \$34.22 shuttle - \$25.00 Baggage Fee

3-6-09 - \$30.00 Taxi - \$40.00 Baggage Fee - \$16.50 round trip mileage to Sacramento airport from office

F-5

(12) NORMAL WORK HOURS

0800-1700

(13) PRIVATE VEHICLE LICENSE #

5AM7704

(14) MILEAGE RATE CLAIMED

0.585 0.55 ct

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

>> [Signature]

DATE

3/30/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

>> [Signature]

DATE

3/30/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)

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DATE